

Elimination Event Report
Kentucky Boxing and Wrestling Authority

P.O. Box 1360
Frankfort, KY 40602

Complying with the law and rules regulating wrestling, I submit this report on the following event:

Promoter _____

Date of Show _____

Location _____

License Number _____

Please list names of all participants and their license number (this list must include all boxers, managers, referees, and timekeepers)

Name	Date of Birth	Name	Date of Birth

Ticket sales information:

Total sales information:

Advance sales _____ X \$ _____ = _____

Total Sales: _____

Door sales _____ X \$ _____ = _____

5% of Sales: _____

Kids sales _____ X \$ _____ = _____

Total Due: _____

Other sales _____ X \$ _____ = _____

I hereby certify that the above is a true and complete return and that no person was admitted without a ticket and that no other event has been held since the last report:

Promoter's Signature _____

02/06